Please type a plus sign (+) inside this box +

OR

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

a valid OMB control number. a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☑ Declaration Submitted with Initial Filing

☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	PRA065US							
First Named Inventor	Kia Silverbrook							
COMPLETE IF KNOWN								
Application Number	/							
Filing Date								
Group Art Unit								
Examiner Name								

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Docket No.: NPA065US

Please type a plus sign (+) inside this box 🔫 | +

a valid OMB control number.

PTO/SB/01 (12-97) Approved for use through 9/30/00. OMB 0651-0032

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains

DECLARATION -Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application U.S. Parent Application or PCT Parent **Parent Filing Date Parent Patent Number** Number (MM/DD/YYYY) (if applicable) Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Pater As a named inventor, i notes, appearance and Trademark Office connected therewith: Customer Number Place Customer OR Registered practitioner(s) name/registration number listed below Number Bar Code Label here Registration Registration Name Number Name Number Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto Direct all correspondence to: X Customer Number or Bar Code Label 24011 Kia Silverbrook Name Silverbrook Research Pty Ltd Address 393 Darling Street <u>Address</u> City Balmain State NSW 2041 ZIP Country Australia Telephone 61-2-9818-6633 61-2-9818-6711 I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. Name of Sole or First Inventor: A petition has been filed for this unsigned inventor Given Name (first and middle [if any]) Family Name or Surname Kia Silverbrook Inventor's June Signature Date 28, 200 Austra-2000 Balmain Residence: City NSW Australia Country Citizenship lian 393 Darling Street Post Office Address Post Office Address Balmain NSW State 2041 ZIP Australia Country \square Additional inventors are being named on the 1supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto



Docket No. NPA065US

Please type a plus sign (+) inside this box → +

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

					Page _1_ of _1_								
Name of Addit	ional Joint Inventor,												
		, i	A petition has been filed for this unsigned inventor										
Given Name (first and middle [if any])					Family Name or Surname								
Paul					Lapstun								
Inventor's Signature	1	2	/	1	_					June 28, 2000			
Residence: City	Rodd Point	Stat	State NS		Countr	, Australia		Date					
Post Office Addres	13 Duke Avenue												
Post Office Addres	iress												
City	Rodd Point		state NS		ZIP	2046	Country	Country Austral		ia			
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor													
Given Name (first and middle [if any])					Family Name or Surname								
Jacqueline Anne				I	Lapstun								
Inventor's Signature	Majn	Majnl-				June 28,							
Residence: City	Rodd Point	State	NS	N	Country	, Australia		Citizenship		2000 Australiar			
Post Office Address	13 Duke Avenue	Citizenship											
Post Office Address					- · · · · · · · · · · · · · · · · · · ·								
City	Rodd Point	State	NS	SW	ZIP	2046	Countr	untry Aust		ralia			
lame of Additio	nal Joint Inventor, if	any:			A petitio	n has been filed	for this	unsigned	inv	entor			
Given Na	iven Name (first and middle [if any]) A petition has been filed for this unsigned inventor Family Name or Surname												
													
nventor's Signature			Pate										
esidence: City		State			Country			Date Citizenship					
ost Office Address	- Citizenship												
ost Office Address													
ity		State			ZIP		Cour	ntry					
					1	I	1 300						

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.